

One registration form is required per participant.

You can also register online at <http://www.teamjackfoundation.org/color-out-cancer-5k-elkhorn>.

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth ____/____/____ Gender _____

T-Shirts will be provided to all pre-registered runners who register by August 4. Those registering on race day will receive shirts on a first-come first-served basis at \$10 per shirt. Available sizes are:

YOUTH: S M L ADULT: S M L XL XXL XXXL (Circle One)

Payment

_____ Youth 10 & Under	\$15.00
_____ Adult Registration	\$35.00

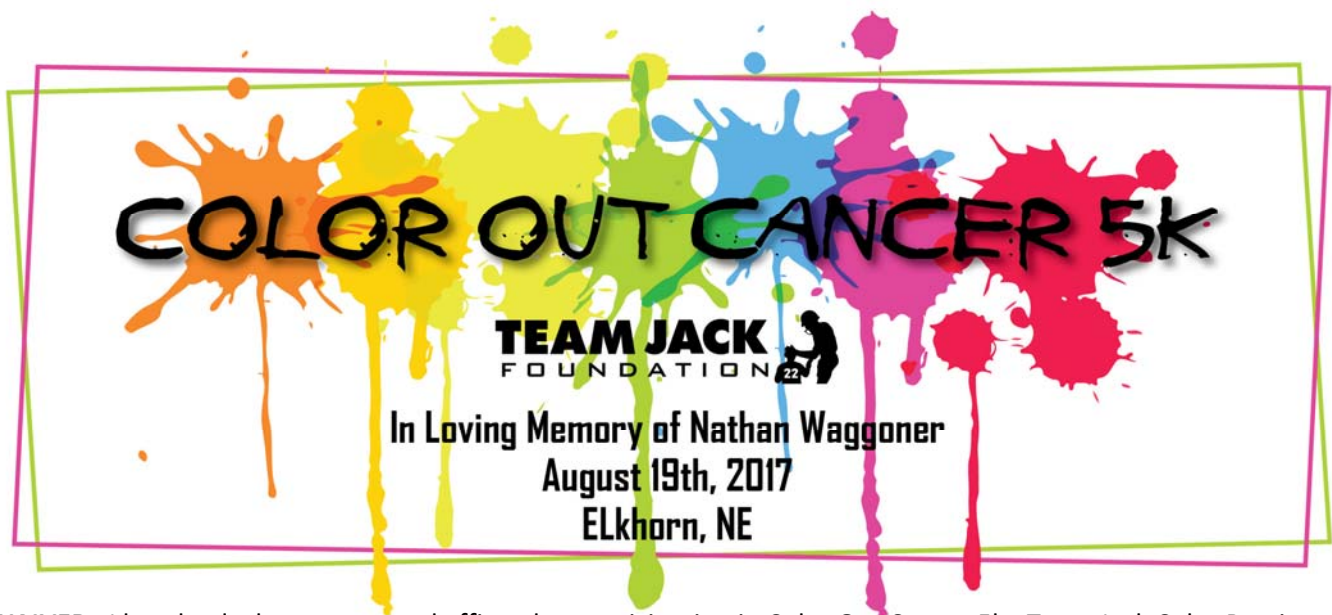
For families of five or more, please contact the Team Jack Foundation at 402-925-2120 for discount options. Must be immediate family members only.

Subtotal _____

Personal Donation for Pediatric Brain Cancer Research (optional) _____

TOTAL _____

_____ Enclosed is my check for \$ _____ payable to the **Team Jack Foundation**



WAIVER: I hereby declare, assert and affirm that participation in Color Out Cancer 5k: Team Jack Color Run in Elkhorn, NE is done having voluntarily and knowingly assuming ALL RISKS involved in this Special Event. The immediate physical risks and hazards associated with normal, vigorous, physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above state Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, **WAIVE AND RELEASE** any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the about state Special Event, specifically Team Jack Foundation, Inc., the City of Elkhorn, NE, Ta-Ha-Zouka Park in Elkhorn, NE and their respective employees, agents, representatives, successors and assigns, for any and all activities connected with the about Special Event. I also understand that I do hereby **WAIVE** any and all rights or benefits under the State of Nebraska's Worker's Compensation laws for any injury incurred as a result of my participation in this event, including disregard of the posted route.

Yes, I agree.

Print Name _____ Date _____

Signature _____

Parent/Legal Guardian must sign if participant is under the age of 18

For questions please **contact us** at 855-RUN-JACK or info@teamjackfoundation.org

Send your completed form to:

Team Jack Foundation
PO Box 607
Atkinson, NE 68713

Or email to: info@teamjackfoundation.org